Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/23/2009</u>	Address:	2031 W. Mishawaka Ave
Case#;	<u>24f30982</u>		<u>Unit 107</u>
County:	Elkhart		Elkhart IN
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ fTotel/Motel ☐ Open · No Structure ☐ Other:
(check all ff ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water I ☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open ainst apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Storage Garage Reactive Metal (Lithium): ous Ammonia: hloric Acid Gas Generator(s): ve Acid: Storage Garage ve Base: tem and location):Lye Storage Garage		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faved to the following agencies		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location: Fire Department: Elkhart City FD Fax: 574-535-6545			
_	artment: Elkhart County IID	Fax: (574)	875-3 <u>376</u>
_	ection Service:	Fax:	
CHIIG FIOR	onon service.		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran Phone</u> <u>574-546-4900</u>			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.